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FAX: 312.463-5001
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TO:	FROM:
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COMPANY:	DATE:
U.S. PTO	August 2, 2005
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
571-273-8300	6
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
	006401.00399

RE: In re Appln. Of Antrim
Appln. No. 10/601,912
Filed: June 23, 2003
For: Dextrinized, Saccharide-Derivatized Oligosaccharides

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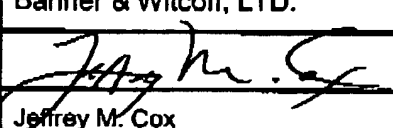
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TO/SB/21 (09-04) OMB 0651-0031

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/601,912
	Filing Date	June 23, 2003
	First Named Inventor	Antrim
	Art Unit	1623
	Examiner Name	Devesh Khare
Total Number of Pages in This Submission	Attorney Docket Number	006401.00399

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s): (please identify below): Fax Cover Sheet
Remarks The Commissioner is authorized to charge any deficiencies or credit any overpayment in connection with this correspondence to Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Jeffrey M. Cox		
Date	August 2, 2005	Reg. No.	50,695

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Typed or printed name	Michael W. Thompson	Date	

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AUG 02 2005

Appln. No.: 10/601,912
Amendment dated August 2, 2005
Reply to Office Action of May 2, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 006401.00399)

In re U.S. Patent Application of Antrim et al.)	
)	
Application No. 10/601,912)	Group Art Unit 1623
)	
Filed: June 23, 2003)	Examiner: Devesh Khare
)	
For: DEXTRINIZED, SACCHARIDE-)	
DERIVATIZED)	
OLIGOSACCHARIDES)	

RESPONSE

MAIL STOP AMENDMENT
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed May 2, 2005, please reconsider the application in light of the following remarks. A listing of the claims pending in the application begins on the next page. Remarks begin on the first page following the claim amendments.